



Pulse



Nancy A. Brown Chief Executive Officer, American Heart Association Cor Vitae Society Paul Dudley White Legacy Society

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LEADERSHIP LETTER

It's American Heart Month, and raising awareness has never been more urgent as cardiovascular diseases stop 18.6 million hearts across the globe each year. In fact, 1 in 3 women will lose their life to heart disease and stroke. It's happening to our mothers, sisters, friends and to some of us. We know that our youngest, most diverse generations are the least aware, which makes our work even more vital. Why? Because losing even one woman is simply not an option. One is Too Many. We encourage women to live fierce and be relentless in the fight against their #1 killer.

Our message is needed now more than ever, as COVID-19 disproportionately claims the lives of people with a history of heart disease and stroke.

With your generous support, we are going beyond raising awareness. We are removing barriers to health with innovative, community-led solutions to nutrition insecurity, lack of access to care and more. We are advocating at all levels of government. We are inspiring families to make healthier choices. We are accelerating scientific discovery and engaging more women in clinical research. We are saving lives.

As a part of our national Go Red for Women movement, we have planned a full month of digital engagement to inform and inspire action. Inspirational Go Red for Women luncheons will be virtually held nationwide all month.



Nancy A. Brown American Heart Association Chief Executive Officer Cor Vitae Society Paul Dudley White Legacy Society

Corporate supporters CVS Health and Big Lots will bolster our efforts to reach women where they live, work and play by activating in 10,500 stores across the country.

We encourage you to follow @GoRedforWomen on social media to take part in Heart Month activities all month long. Visit GoRedforWomen.org for the latest details.

We could do none of this without your passion, volunteerism and generosity. You are Cor Vitae, the heart of life, and we are thankful for your leadership and unyielding dedication to our lifesaving mission.

On behalf of the entire American Heart Association family, Happy Heart Month! All my best,

Ounce a Brown

Nancy A. Brown

American Heart Association Chief Executive Officer Cor Vitae Society Paul Dudley White Legacy Society

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SURVIVOR SPOTLIGHT

Her pain seemed muscular, but it was a heart attack

fter taking her daughter to softball practice, Kelly Sosnowski popped over to the mall to run an errand.

Walking inside, she felt a heavy pain in her chest and upper back. So she sat and rested for a few minutes and the pain went away. Although she hadn't been doing anything strenuous, she chalked it up to muscle soreness.

The next morning, the tightness in her chest and back returned and was painful enough that she called her general practitioner.



Kelly Sosnowski and her husband, Brian

"If I didn't know better, I'd think I was having a heart attack," Sosnowski joked with her doctor.

The doctor said it sounded muscular and suggested that she ice her back. She did and it helped. That night, the tightness returned. It was even worse, causing shortness of breath.

But she had no obvious reason to worry. At age 41, she was healthy, ate well, wasn't overweight and had regular medical checkups.

In the shower the next day, the pain flared when Sosnowski raised her arms to wash her hair. She felt the pain all day. So her husband Brian drove her to the hospital.

In the emergency room, tests signified that she had a heart attack. Her left anterior descending artery — the artery that feeds blood to the front and left side of the heart — was 95% blocked. The next day, doctors implanted a stent to restore blood flow.

Through those first two days, Sosnowski observed the activity around her without emotion, as if she were looking down on it, she said. Only after a visit from her son and daughter the day after surgery did the severity hit her.

"I cried all day," she said.

Sosnowski went home the next day, and a month later, her cardiologist declared that her heart had made a full recovery and she no longer needed a wearable defibrillator, a vest-like device that monitors the heart and can deliver a shock to restore a normal heart rhythm if needed.

Sosnowski initially didn't want to go to cardiac rehabilitation because "I'm young and healthy and you're putting me in rehab for some deficiency I don't have," she said. "But I ended up loving it. It taught

me I could trust my heart again and gave me the confidence to feel like I could be active and not die."

In February 2018, Sosnowski attended her first American Heart Association event, a Go Red for Women luncheon, where she shared her story.

"I realized how important that was to my healing, both to hear other people's stories and to tell mine," she said.

Three years later,
Sosnowski said, "I feel
totally back to normal.
There is never a day that
passes that I don't think
about my heart attack. I
found strength I didn't
realize I had, and I'm so
grateful for my time with
my family."

Read the full story. ■



Kelly Sosnowski in 2018 at her first Go Red for Women luncheon in Detroit

GO RED FOR WOMEN

Go Red for Women focuses on four key issues

<u>Go Red for Women</u> is the American Heart Association's global movement to end heart disease and stroke in women. Go Red aims to engage more women in creating solutions for women and helping all women remove some of the truly unique barriers they face to experiencing good health and well-being.

Go Red for Women is focused on four priority areas:

Ensuring all women are aware Less than 44% of women are aware that cardiovascular disease is their leading cause of death, with the youngest generations being the least aware. It is vital that women of all ages understand their greatest health threat and recognize risk factors, signs and symptoms.

Helping women take charge of their health

Helping women take charge of their health is critical to treating and preventing cardiovascular disease and the simple fact is, women just don't move enough, eat well enough or manage blood pressure efficiently enough.

Closing gender gaps in research and STEM Women, and in particular Blacks and Hispanics, are grossly underrepresented in cardiovascular research and STEM fields. As of 2020, only 38% of cardiovascular research participants are women. Women make up close to 50% of the work force, but less than 25% of STEM careers.

Addressing inequities in access and quality of care

Women still do not always receive the same level of care and treatment that men do. And disparities don't just exist between men and women, but within diverse populations of women, as well. Go Red for Women is committed to addressing the inequities women face, including closing the gap in women receiving bystander CPR and improving maternal health as CVD is the leading cause of maternal mortality.

Go Red for Women announces 2021 Real Women Class

Go Red for Women is proud to announce the 2021 Real Women Class, an incredible group of survivors committed to sharing their stories to help raise awareness about cardiovascular disease among women. The Real Women are a diverse group, committed to putting a name and face on heart disease and stroke, empowering women to join the Go Red for Women movement.

For more information on the Real Women Class visit **goredforwomen.org/realwomen**.

GO RED FOR WOMEN

Know the warning signs of heart attack and stroke

You could save your life

Heart attack and stroke are life-or-death emergencies — every second counts. If you think you or someone you're with has any symptoms of heart attack or stroke, call 911 immediately.

For a stroke, also note the time when the first symptom(s) appeared. A clot-busting drug received within 3 to 4.5 hours of the start of symptoms may improve your chances of getting better faster.





Heart Attack Warning Signs

Some heart attacks are sudden and intense, but most of them start slowly, with mild pain or discomfort. The warning signs are:



 Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.



 Discomfort in other areas of the upper body.
 Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.



 Other signs may include breaking out in a cold sweat, nausea or lightheadedness.



 Shortness of breath. This may occur with or without chest discomfort.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.



Stroke Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, or trouble speaking or understanding

- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance or coordination
- Sudden, severe headache with no known cause

The acronym F.A.S.T. is an easy way to recognize and respond to the sudden warning signs of stroke. The letters stand for:



• Face dropping — Ask the person to smile. Does one side of the face droop or is it numb?



 Speech difficulty — Ask the person to repeat a simple sentence such as, "The sky is blue." Is the sentence repeated correctly? Are they unable to speak, or are they hard to understand?



 Arm weakness — Ask the person to raise both arms. Is one arm weak or numb? Does one arm drift downward?



• Time to call 911 — If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

The American Heart Association and National Heart, Lung, and Blood Institute are working together for women, for healthy hearts.

Sabine Neumann and Mitch Haddon | Richmond, Virginia

CHAMPION'S CIRCLE



Mitch Haddon

Mitch Haddon's interest in American Heart Association research was piqued when he attended his first Heart Ball in 2014. Little did he know, this very research would significantly affect his life four years later.

During the Richmond Heart Ball, Haddon learned about major discoveries funded by the AHA that led to commonplace procedures and

medicines that improve and save lives. He also gained a deeper understanding of how vital financial support is to scientific progress.

Then in 2018, Haddon was diagnosed with atrial fibrillation. He underwent cardioversions and an ablation at Pauley Heart Center at Virginia Commonwealth University Health.

"During 2020, my wife Sabine and I fully realized the powerful impact of the AHA's work on heart health," he said. "When I reflected on my ablation experience while sitting on the surgical suite gurney at Pauley Heart, I remember thinking to myself 'where would I be without the work of the AHA and the fantastic doctors and scientists that they support."

The Haddons continue to provide financial support to the AHA and fund pilot grants at Pauley Heart Center. They also want to address health inequities in minority populations, where the ZIP code of people's birth too often predicts their health and quality of life.

In 2019, the couple attended Scientific Sessions in Philadelphia and witnessed the full scope and international role of the AHA. They were inspired to commit to an annual gift for the next four years in honor of the organization's upcoming 100th anniversary in 2024.

"The American Heart Association advances science and technology every day through its support of collaborative research," Haddon said. "These scientific breakthroughs redefine standards for clinical care, improve patient outcomes and drive innovation."

Haddon has served on the executive leadership team for Heart Ball since 2015. In 2016, he chaired Heart Ball. In 2017, he joined the Richmond affiliate board, serving as chair since 2018. In 2019, he joined the Eastern States board and will serve as chair in 2021. Haddon also serves as vice chair of the Pauley Heart Center advisory board at VCU Health.

The AHA's commitment to scientific research

Through our longstanding support of <u>scientific research</u>, the American Heart Association has propelled breakthroughs that have saved and improved lives.

The AHA is committed to funding earlycareer investigators, whose work is vital to the future of heart and brain health. Funding for training and early-career investigators represents a substantial portion of the millions of dollars that we invest in research each year.

That commitment has brought results. AHA-funded discoveries include the first implantable pacemakers, the first artificial heart valve, CPR techniques and cholesterol-lowering medications.

Since 1949, the AHA has invested more than \$4.6 billion in scientific research, more than any organization outside of the federal government.



Sabine Neumann and Mitch Haddon

Garnett and Toni Johnson | Augusta, Georgia

CHAMPION'S CIRCLE



Garnett and **Toni Johnson**

Garnett Johnson felt an immediate connection when he was introduced to the American Heart Association seven years ago. The Johnson family had long been afflicted by heart disease, which inspired him to embrace the Association in its mission to be a relentless force for a world of longer, healthier lives.

Wanting to give his time and energy to a cause he was passionate about led him to serve as a member of the Central Savannah River Area (CSRA) Heart Ball executive leadership team, which he's done for

Year-round, digital Heart Ball supports key issues

The AHA is creating digital experiences for Heart Ball supporters across the nation.

Heart Ball has transformed beyond the ballroom to a year-round campaign devoted to issues such as controlling blood pressure, eliminating tobacco and vaping, promoting health equity, supporting research and more. And it all culminates at the Heart Ball experience.

Change makers in 150 communities have the opportunity to engage in this campaign year-round. Contact your local office to learn what's upcoming.

five years now. In 2019, the year he chaired the Heart Ball, he began networking to increase support for local AHA efforts and membership in his local Cor Vitae Society.

"Our family has lost too many lives to heart disease, some at a young age," said Johnson, who is joined in his advocacy by his wife, Toni, as well as their children. "When I learned of the AHA's work and shared my goals with my wife and our daughters, they eagerly supported me through hosting events in our home and by raising awareness in our community."

Under Johnson's leadership, the local Cor Vitae Society grew from two to 20 members. He's an inspiration to volunteers and staff, demonstrating that persistence, passion and commitment help defy odds and meet goals.

"My family and I want to effect change through research and community impact, which we can support through funds raised in these local campaigns," Johnson said. "Through our efforts, our goal is to remind people in our community of the importance of giving back."



Garnett and Toni Johnson

Subhadra and D.P. Suresh | Wyoming, Ohio

PRESIDENT'S CIRCLE



Subhadra and D.P. Suresh

Dr. D.P. Suresh, a cardiologist and the medical director of the Heart & Vascular Institute at St. Elizabeth's Hospital since 2009, lives and breathes heart health.

He and his wife, Subhadra, are raising awareness in South Asian communities in the U.S., pushing for health equity and supporting the Heart of Cincinnati Heart Ball. The couple is also supporting the AHA's international strategies.

"At the professional level, I take

care of patients with heart and vascular disease, and I see the problems they face on a daily basis," Suresh said. "On a personal level, my mom passed away from heart failure. I want to make sure we help and treat patients even better."

Suresh believes everyone should strive for a better quality of

life, which he attributes to a healthy lifestyle and healthy mind.

"My patient interactions at work, Subhadra and my sons' involvement in passionate volunteerism like the AHA, and our travels have taught us that there is no better



Subhadra and **D.P. Suresh** with Susan and Garren Colvin

state than a happy, healthy and positive mind," he said. "It will lead us to our best life experiences."

He and his family have served the AHA for more than 20 years. He joined the Greater Cincinnati AHA board in 2014 and served as president from 2015 to 2017. He stepped up to a regional leadership role as Great Rivers Affiliate president in 2018. Suresh was also the co-chair of the 2018 Greater Cincinnati Heart Ball. Currently, he is president of the Midwest Region board of directors and a member of Men Go Red, while Subhadra is on the Heart Ball auction committee.

"We are committed to the mission of the American Heart Association, and actively support all of the major AHA events in the Greater Cincinnati region, including the Heart Mini, Heart Ball, Go Red for Women Experience, HeartChase NKY, CycleNation and other grassroots awareness and education programs," Suresh said.

Practice Life's Simple 7

The AHA defines <u>Life's Simple 7</u> as the seven risk factors that people can improve through lifestyle changes to help achieve ideal cardiovascular health.

Manage blood pressure

When your blood pressure stays within healthy ranges, you reduce the strain on your heart, arteries and kidneys, which keeps you healthier longer. (heart.org/HBP)

Control cholesterol

High cholesterol contributes to plaque, which can clog arteries and lead to heart disease and stroke. (heart.org/Cholesterol)

Reduce blood sugar

High levels of blood sugar can damage your heart, kidneys, eyes and nerves. (heart.org/Diabetes)

Get active

Daily physical activity increases your length and quality of life. (heart.org/MoveMore)

Eat better

A healthy diet is one of your best weapons for fighting cardiovascular disease.
(heart.org/EatSmart)

Lose weight

When you shed extra fat and unnecessary pounds, you reduce the burden on your heart, lungs, blood vessels and skeleton. (heart.org/Weight)

Stop smoking

Cigarette smokers have a higher risk of developing cardiovascular disease. (heart.org/Tobacco)

This simple, seven-step list has been developed to deliver on the hope we all have—to live long, productive, healthy lives.

Melinda and Jerry Johnston | Fort Worth, Texas

1924 CIRCLE



Melinda and Jerry Johnston

Melinda Johnston's relationship with the American Heart Association began when her longtime friend, Bob Simpson, invited her to serve on the Heart Ball executive leadership team. The AHA's mission is incredibly important to Simpson because cardiovascular diseases claimed the lives of his three brothers, as well as his mother and father.

Johnston knew Simpson was committed to a cause that was close to his heart. She told him, "there is no better place for us to serve."

Johnston's family had a history of its own to consider.

"I lost two great-grandmothers, two grandmothers and a grandfather to strokes," Johnston said. "My husband's parents and brothers suffered from heart disease and stroke as well."

She and husband Jerry have high blood pressure that they make sure to manage.

Currently, the Johnstons are focused on improving access to healthy foods for their community. They are also promoting Hands-Only CPR lifesaving skills through the CPR in Schools program with a gift of \$250,000.

Johnston is a board member and still holds a position on the Fort Worth Heart Ball leadership team. She also served as Heart Ball chair one year and as a board chair another year. ■

Managing high blood pressure

High blood pressure, or hypertension, is a symptomless "silent killer" that damages blood vessels and leads to serious health problems.

While there is no cure, using medications as prescribed and making lifestyle changes can enhance your quality of life and reduce your risk of heart disease, stroke, kidney disease and more.

Make changes that matter:

- Eat a well-balanced diet that is low in salt
- Limit alcohol
- Enjoy regular physical activity
- Manage stress
- Maintain a healthy weight
- Quit smoking
- Take your medications properly
- Work together with your doctor

Managing blood pressure is a lifelong commitment. If you're diagnosed with hypertension, you should monitor your blood pressure regularly. Knowing your numbers can alert you to any changes and help you detect patterns. Tracking your results over time will also reveal whether the changes you've made are working. (heart.org/HBP)

MISSION IN ACTION

New mom faces life-threatening heart attack days after giving birth

hanel Davis-Mitchell and her husband Benji Mitchell were looking forward to parenthood after the birth of their healthy baby boy, Braxton.

Despite a high-risk pregnancy and a massive amount of fluid weight Davis-Mitchell gained, doctors assured her all would be fine after the delivery.



Chanel Davis Mitchell, son **Braxton** and husband, **Benji Mitchell**

Then, 11 days after Braxton's birth in May 2016, Davis-Mitchell began feeling ill. She had chest pains and thought she had an extreme case of heartburn.

"It was the worst feeling I had ever had," she said.

As they drove toward Braxton's doctor's office about 30 miles away in rural North Carolina, she

felt nauseous. Her arm ached. Staying calm, her husband changed course and headed to an emergency room.

Davis-Mitchell remembers being hooked up to an EKG monitor and telling a doctor she had "really bad gas."

"No," the doctor said, "you're having a heart attack." Then her heart stopped.

Davis-Mitchell, 36 at the time, was in cardiac arrest. The medical team performed CPR and delivered a shock to her heart to get it beating again. It took three minutes.

She was then airlifted from Elizabeth City, North Carolina, to a larger hospital in Virginia Beach, Virginia. At the Virginia hospital, her heart stopped again. Doctors revived her again.

She underwent quadruple bypass surgery. She had blockages of 90% or greater in four arteries and had suffered what is known as spontaneous coronary artery dissection, or SCAD, a sudden tearing of the artery wall.

SCAD patients are often women who are otherwise healthy; many have recently had a baby.

Doctors later told Davis-Mitchell the type of heart attack she had is almost always fatal. They warned she would likely face a long recovery, but she left the hospital after only four days.

"It was pretty much like nothing had happened," said Davis-Mitchell, a special education teacher who resumed her university classes that next week. She continued to gradually regain her strength through a cardiac rehabilitation program.

One of Davis-Mitchell's biggest struggles is the fear of having another heart attack.

Raising awareness for maternal health

Despite the decrease in maternal mortality worldwide, the maternal mortality rate continues to rise in the United States. The U.S. has the highest maternal mortality rate in the developed world, with an estimated 700 women dying each year from pregnancy-related complications and three in five pregnancy-related deaths being preventable.

Cardiovascular disease is the leading cause of death among women in the U.S. accounting for about 1 in every 3 female deaths. It is also the leading cause of maternal death in the U.S., posing a threat to women's heart health during pregnancy and later in life. Moreover, significant disparities in maternal care and outcomes persist across race, ethnicity, geography, income, and other sociodemographic factors, in addition to systemic inequities that pose access barriers to care and exacerbate poor maternal health outcomes in the U.S.

The American Heart Association is committed to addressing inequities and the health needs of women in all life stages. Our work in maternal health must expand to further raise awareness, advocate for maternal health, and build on the base of evidence to ensure science-driven care.

"I worry, 'Is it going to happen tomorrow? Is it going to happen tonight?' I worry about what I would leave behind," she said.

Driven by that fear, she started a journal. Every day for the first three years of Braxton's life, she wrote about her thoughts so Braxton would always have "a direct communication" from her.

Now 4, Braxton is too young to understand what his mother endured. Curiously, though, when he sees a heart shape, he says, "That reminds me of Mommy." Now 40, Davis-Mitchell continues to take preventive heart medication.

Though SCAD isn't rare, meeting a survivor is, said Davis-Mitchell, who recently participated in an AHA Go Red for Women event.

"It was very empowering to see other women who have been through this much," she said. "Everyone was my sister, even though I didn't know them. We just had this connection."

Read the full story. ■

AHA NEWS

Young women may face greater stroke risk than young men

oung women are more likely than their male peers to have a stroke, a new study suggests.

Researchers analyzed a claims database of insured people in the United States from 2001 to 2014, tallying the number of ischemic, or clot-caused, strokes based on hospital admissions. People with a history of stroke or other cerebrovascular diseases weren't included in the study.

The data showed no difference in the number of strokes between men and women ages 15 to 24 and in those 75 and older. And more men had strokes among 45- to 74-year-olds. But women between ages 25 and 44 had more strokes than men in the same age group.

"We have this sense of security that women don't have as many strokes because estrogen in premenopausal women can be protective for cardiovascular events, but that's a false assumption," said Dr. Michelle Leppert, the study's lead author and an assistant professor of neurology at the University of Colorado School of Medicine in Aurora.

Among 25- to 34-year-olds, 17 female participants per 100,000 had strokes compared to 12 strokes per 100,000 male participants. The gap narrowed slightly at ages 35 to 44, with a rate of 40 strokes per 100,000 women versus 35 in men.

The findings, published in the AHA journal Stroke, add to a mounting body of research showing young women are at greater risk for stroke. A recent Dutch study, for example, found more strokes in women between ages 18 and 44.

Pregnancy, birth control pills and conditions such as migraines and auto-immune disorders, which are more prevalent in women, may help explain the higher incidence of stroke in young women, Leppert said.



Awareness of the higher stroke risk among young women may save lives and prevent disability, said Dr. Cheryl Bushnell, vice chair of research and chief of the stroke division at Wake Forest Baptist Health in Winston-Salem, North Carolina. She chaired the committee that wrote AHA guidelines for preventing strokes in women.

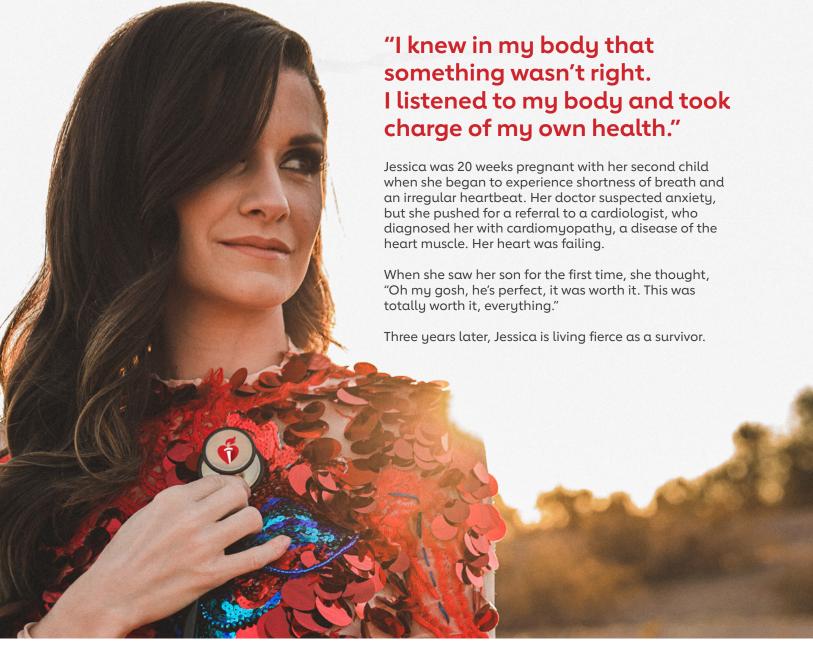
"If women aren't aware that they're having a stroke, or if health care professionals or onlookers don't realize it's a stroke, then it could lead to delays," she said, noting treatments such as the clot-busting drug alteplase are time dependent. "If you miss the opportunity to restore blood flow, that could lead to worse disability, death or other complications."

In addition to experiencing hallmark signs such as face drooping, arm weakness and speech difficulty, women often have unique stroke symptoms. These can include fainting; general weakness; difficulty breathing or shortness of breath; confusion or disorientation; hallucinations; and nausea or vomiting.

Read the full story. ■







The price of being a woman is high and when it comes to cardiovascular disease, 1 in 3 women will pay that price with their lives.

Join us and survivors like Jessica in the fight against the No. 1 killer of women - cardiovascular disease. Live Fierce. Go Red.



Hear the stories of Jessica and fellow survivors who advocate to save more women's lives.

GoRedforWomen.org





